

DESCRIPTION OF AGENCY SERVICES

TABLE OF CONTENTS

- I. Fiscal Management Services**
- II. Residential Habilitation**
- III. Day Services**
- IV. Employment Services**
- V. Early Intervention for the Families and Children (between the ages of birth to six) With Mental Retardation, Related Disabilities, and/or Developmental Delays as Defined by SCDDSN or the Department of Health and Environmental Control's BabyNet Program.**
- VI. Service Coordination**
- VII. Home Supports**
 - A. Respite**
 - B. Companion**
 - C. Personal Care I**
 - D. Individual Rehabilitation Supports**
 - E. In-Home Supports**

I. FISCAL MANAGEMENT SERVICES

Financial Management Services are services performed by a non-profit corporation established in accordance with South Carolina law. These corporations are known as Self-Directed Support Corporations (SDSC). SCDCs are composed of people who know and care about a person with a disability and are established to assist the planning for and obtaining needed supports.

SCDCs provide Financial Management Services to those they are established to serve. As the financial Manager, the SDSC will receive the funding earmarked by SCDDSN for the person(s). The SDSC must use that funding to pay for services needed in accordance with DDSN policy; maintain an accounting system that is adequate to ensure claims for funds are in accordance with applicable laws, regulations, and policies; and submit an annual accounting of funds received and disbursed including a Medicaid Cost Report. SDSC will, as appropriate, subcontract with qualified vendors approved by the Agency and selected by the person.

II. RESIDENTIAL HABILITATION SERVICES

Residential Habilitation Services include the care, skills training and supervision provided to individuals in a non-institutional setting. The degree and type of care, supervision, skills training and support of individuals will be based on the plan and the person's needs. Services include assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional setting. Residential Habilitation can be provided in a variety of settings.

Community Training Home I Model

In the Community Training Home I Model, personalized care, supervision and individualized training are provided, in accordance with their service plan, to a maximum of two people living in a support provider's home where they essentially become one of the family. Support providers are qualified and trained private citizens. In Community Training Homes I where people under the age of 18 reside, the home is licensed by DSS.

Community Training Home II Model

The Community Training Home II Model offers the opportunity to live in a homelike environment in the community under the supervision of qualified and trained staff. Care, supervision and skills training are provided according to Individualized needs as reflected in the service plan. No more than four people live in each residence. In Community Training Homes II where people under the age of 21 reside, the home is licensed by DSS.

Supported Living Model II

This model is for people who need intermittent supervision and supports. They can handle most daily activities independently but may need periodic advice, support and supervision. It is typically offered in an apartment setting that has staff available on-site or in a location from which they may get to the site within 15 minutes of being called, 24 hours daily.

Supported Living Model I

This model is similar to the Supported Living Model II however people generally require only occasional support. It is offered in an apartment setting and staff are available 24 hours a day by phone.

Community Residential Care Facility (CRCF)

This model, like the Community Training Home II Model, offers the opportunity to live in the community in a homelike environment under the supervision of qualified, trained caregivers. Care, supervision and skills training are provided

APPENDIX A

according to identified needs as reflected in the service plan. This model is licensed by DHEC. *See SC DHEC Regulation 61- 84 for specific licensing requirements.* This model is not being solicited as part of the RFP.

III. DAY SERVICES (Day Habilitation, Prevocational Services, Facility Based Rehabilitation Supports, Day Activity* Career Preparation*, Community Services, Support Center*) **pending CMS approval*

The South Carolina Code of Regulations 88-105 prohibits the operation of a program for the care, maintenance, education, or training of more than two (2) people with mental retardation or related disabilities unless a license is first obtained from the Agency. Once a license is obtained, the following services may be offered.

Day Habilitation

Day Habilitation is assistance with acquisition, retention, or improvement of self-help, socialization and adaptive skills, takes place in a non-residential setting, separate from the home and facility in which the individual resides.

Day Habilitation services focus on enabling the individual to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies listed in the plan. In addition, day habilitation services may serve to reinforce skills or lessons taught in school, therapy, or other settings.

Prevocational Services

Prevocational Services are aimed at preparing an individual for paid or unpaid employment, but are not job task oriented and are not directed at teaching job specific skills. Activities included in this service are directed at teaching habilitation goals such as attention span or motor skills. Services include teaching concepts such as compliance, attendance, endurance, task completion, problem solving and safety.

Facility-Based Rehabilitation Supports

Rehabilitation Supports are interventions and assistance to improve a condition or to promote/retain an optimal level of functioning in a person with a disability. The scope of Rehabilitation Supports is sufficient to develop enhanced capacity for successful community living (e.g. greater independence, self-direction, and participation in community activities) and thus reduce the degree of impairment and/or dependency.

Day Activity

Day Activity services are supports and services provided in therapeutic settings to enable participants to achieve, maintain, improve, or decelerate the loss of personal care, social or adaptive skills. Services are provided in non-residential settings that are licensed by the state. Community activities that originate from a facility licensed by the state will be provided and billed as Day Support. On site attendance at the licensed facility is not required to receive services that originate from the facility.

Transportation will be provided from the participant's residence to the habilitation site when the service start time is before 12:00 Noon. Transportation will be available from the participant's habilitation site to their residence when the service start time is after 12:00 Noon.

Career Preparation

Career Preparation Services are aimed at preparing participants for careers through exposure to and experience with various careers and through teaching such concepts as compliance, attendance, task completion, problem solving, safety, self determination, and self-advocacy. Services are not job-task oriented, but instead aimed at a generalized result. Services are reflected in the participant's service plan and are directed to habilitative rather than explicit employment objectives. Services will be provided in facilities licensed by the state. Community activities that originate from a facility licensed by the state will be provided and billed as Career Preparation. On site attendance at the licensed facility is not required to receive services that originate from the facility.

Transportation will be provided from the participant's residence to the habilitation site when the service start time is before 12:00 Noon. Transportation will be available from the participant's habilitation site to their residence when the service start time is after 12:00 Noon.

Community Services

Community Services are aimed at developing one's awareness of, interaction with and/or participation in their community through exposure to and experience in the community and through teaching such concepts as self-determination, self-advocacy, socialization and the accrual of social capital. Services will be provided in facilities licensed by the state. Community activities that originate from a facility licensed by the state will be provided and billed as Community Services. On site attendance at the licensed facility is not required to receive services that originate from the facility.

Transportation will be provided from the participant's residence to the habilitation site when the service start time is before 12:00 Noon. Transportation will be available from the participant's habilitation site to their residence when the service start time is after 12:00 Noon.

Support Center

Support Center Services include non-medical care, supervision and assistance provided in a non-institutional, group setting outside of the participant's home to people who because of their disability are unable to care for and supervise themselves. Services provided are necessary to prevent institutionalization and maintain the participants' health and safety. The care, supervision and assistance will be provided in accordance with a plan of care. An array of non -

APPENDIX A

habilitative activities and opportunities for socialization will be offered throughout the day but not as therapeutic goals.

Transportation will be provided from the participant's residence to the habilitation site when the service start time is before 12:00 Noon. Transportation will be available from the participant's habilitation site to their residence when the service start time is after 12:00 Noon.

IV. Employment Services

Employment services consist of intensive, on-going supports that enable participants for whom competitive employment at or above minimum wage is unlikely absent the provision of supports and who, because of their disabilities, need supports to perform in a regular work setting. Employment Services may include services to assist the participant to locate a job or develop a job on behalf of the participant. Employment services are conducted in a variety of settings, particularly work sites where persons without disabilities are employed and include activities such as supervision and training needed to sustain paid work. Employment Services may be provided in group settings, such as mobile work crews or enclaves, or in community-based individual job placements.

MODELS

Employment Services consist of three distinct models: enclave, mobile work crew, and individual community placement.

- Enclave – A small group of people (usually 8 or less) who work under the supervision of an employee of the provider agency, in a community business/industry that is not operated by a provider agency, and along side non-disabled employees to produce goods or services controlled by the community business/industry (ex. janitorial services at a specific business/industry etc.). The contractual relationship is between the business/industry and the provider agency, whereby the provider agency then pays the worker. Enclaves must originate from a facility licensed by the state.
- Mobile Work Crew — A small group of people(usually 8 or less), who work under the supervision of an employee of the provider agency, as a self-contained business who typically move to different work sites, by selling a service (ex. landscaping, janitorial) to purchasers within the community excluding provider agencies. The contractual relationship is between the business/industry and the provider agency, whereby the provider agency then pays the worker. Mobile Work Crews must originate from a facility licensed by the state.
- Individual Community Placement – Assessment, job development, placement, and training involve direct facilitation and instruction by provider agency employment services staff. Individual community placement provides support in; community based instruction, career awareness, skills acquisition, strategic on the job training, long term support and follow-along. Ongoing supports and identification of long term natural supports are imperative for the worker with significant disabilities to participate in competitive employment and to ensure job stabilization without support throughout the tenure of the placement.

V. EARLY INTERVENTION**Program Description**

The purpose of Early Intervention is to accelerate or maximize the development of children who are at significant risk for problems, in thinking, communicating, relating to others, emotional functioning, and body functioning. Research over the past 50 years has shown that early intervention is an effective tool in increasing the developmental and educational gains for the child, improving the functioning of the family unit, and providing long term benefits to society.

The DDSN Early Intervention program has a family-centered approach to organizing and providing assistance and support to families. Family-centered services respect the strengths and resourcefulness of all families and aim to support and encourage families in their efforts to independently meet the needs of their child with special needs and all its members in ways that they define as functional and appropriate for them. A philosophy of family centered services promises openness and flexibility to accommodate diversity in family beliefs, values, and functioning styles and the changes that families undergo continually as they cope with expected and unexpected life events.

Early Intervention services consist of the provision of Family Training and Service Coordination services to children with developmental delay and/or disability age birth to six and their families, these services are delivered by qualified specialists known as Early Interventionists. The relationship between the Early Interventionist and parents/caregivers is key to quality service delivery. The Early Interventionist works in conjunction with a multi-disciplinary team comprised of the family, professionals, and others interested in ensuring needs are addressed such as service providers.

Service Coordination services provide assurance of timely access to a full array of needed community services and programs that can best meet the individual needs of the child and support the family in their care of the child.

Family training services involves the training of parents/caregivers in the use of developmentally appropriate activities that are designed to enhance the development of the child and provide information about how these activities can be carried out in the child's everyday routines and activities.

All Early Intervention services, to the maximum extent possible, are provided in the child's natural environment. Services and supports should occur in settings most natural for the child and family. They should foster opportunities for the development of peer relationships with children without disabilities.

Core Job Functions:

1. Ensuring that procedures are followed related to communicating with children and families in their native language or primary mode of communication;

APPENDIX A

confidentiality of information, and parental access to and amendment of records are followed;

2. Coordinating all activities through the Individualized Family Service Plan (IFSP) and Family Service Plan (FSP) process and in conjunction with the goals established on the child's IFSP/FSP;
3. Developing, coordinating, reviewing and revising the IFSP/FSP to address family and child strengths and needs identified by the family;
4. Complete Curriculum Based Assessments annually or as often as the need arises;
5. Arranging, linking, integrating, coordinating, and monitoring the delivery of services, including assessment, medical, and health services, across agency lines, and serving as a liaison between parents and other service providers;
6. Assessing child and family concerns, priorities, and resources on a regular basis; assessing the child's development and monitoring the child's progress toward goals;
7. Provide Early Intervention to the child and family at locations and frequencies established in the IFSP/FSP;
8. Completing all required actions as outlined in the Mental Retardation/Related Disabilities Waiver manual when a service funded by the MR/RD Waiver is identified as a need or the family expresses an interest in or a desire for waiver enrollment;
9. Establishing and maintaining communication among all parties involved with the child and family;
10. Recognize and assist the family in assuring environments are free of fire and safety hazards;
11. Offering and documenting the choice of providers at time of intake and at least annually thereafter at a minimum;
12. Document all aspects of Early Intervention activities including; written plans, reports, progress and follow up towards goals;
13. Sign all service notes, family training summary sheets and IFSP/FSP's;
14. Develop waiver budgets and revisions;
15. Sign local levels of care;
16. Attend agency staffings and meetings;
17. Attend court hearings and other legal proceedings;

APPENDIX A

18. Maintain data in all data systems to include Service Tracking system (STS), Consumer Data Support System (CDSS) and BabyTrac (BabyNet's internal data system); and,
19. Coordinating transitions to and from other community services (i.e., between early intervention and public school, Head Start, Early Head Start, and child care in the community).

VI. SERVICE COORDINATION

Program Description

Service Coordination, also known as Targeted Case Management is organized, goal-directed activity, which helps ensure that people have access to services, and supports which address their individual needs. Quality service coordination activities (needs assessment, planning, advocacy, etc.) are intended to assist people in developing a healthy, safe, and self-directed lifestyle at their optimal level of functioning.

Service Coordination is provided only with the consent of the person and where there is an identified need for service coordination. For some persons, service coordination is provided across the life span.

Service Coordination is provided when and where it is needed by the person, but is not expected to supplant those activities which the person is capable of performing for him or herself. Skill development and self-coordination is encouraged.

Services and supports accessed through Service Coordination activities are expected to be both efficient and effective and, to the greatest extent possible, reflective of the natural family and community support systems that all people enjoy. These services and supports should be provided in settings and under circumstances which are conducive to the person gaining maximum benefit. These conditions are most often, but not always, found in the person's home community in natural settings and with and among inclusive community groups.

Providers of Service Coordination contracted by The Agency must adhere to all policies, standards, procedures, or other requirements established by The Agency.

Core Job Functions

Supervisor

Quality supervision, delivered in a timely manner, is a critical element in fulfilling the mission of The Agency and in providing quality services to people. Though a supervisor will invariably have other responsibilities and perform other necessary activities, the core job functions of the service coordination supervisor are as follows.

1. SERVICE COORDINATION DEVELOPMENT – The Service Coordination Supervisor (SCS) has a responsibility to develop service coordination staff through training, modeling, and various quality assurance methodologies. Service Coordinators should have opportunities for professional development and growth in technical expertise as fostered by the SCS.
2. QUALITY ASSURANCE - The SCS has the responsibility for assuring that consumers receive quality services through service coordination. Quality

assurance is provided in the form of file reviews, home visits, and other supervisory techniques. When service issues are noted, the SCS ensures that appropriate follow-up is provided and that issues are resolved.

3. **CRITICAL SITUATIONS** - The SCS is responsible for assisting the Service Coordinator with service plan development for complex cases and assisting in developing a resolution for critical situations.
4. **PERSONNEL** - The SCS has the responsibility for performing personnel functions as required by law and as required by the employer's internal policies and procedures (such as disciplinary actions) to help ensure the smooth operation of The Agency for the provision of quality services to people served. Performance appraisals by the SCS should include constructive feedback for service coordination staff and include accountability expectations in meeting client needs, supporting quality plan development, and meeting DDSN/DHHS requirements.
5. **ADMINISTRATIVE TASKS** - The SCS is responsible for ensuring that administrative tasks (such as information requests from DDSN) are completed as required and in a timely and accurate manner.
6. **SERVICE COORDINATOR CORE FUNCTIONS** - The SCS has the responsibility for ensuring that each Service Coordinator under his/her supervision is performing the core job functions for service coordination, including meeting outcomes for people served.

Service Coordinator

The Service Coordinator is that person responsible for assuring that certain specified DDSN eligible populations have access to a full array of needed services including medical, social, educational, or other services. The Service Coordinator is responsible for identifying individual, needs, strengths, and resources; coordinating services to meet those needs; and monitoring the provision of necessary and appropriate services that are supportive, effective and cost efficient. Though the Service Coordinator will invariably have other responsibilities and will perform other activities, the core job functions of the service coordinator are as follows.

1. **INTAKE** - Activities that lead to a decision on DDSN eligibility.
2. **NEEDS ASSESSMENT** -Activities to obtain, review and evaluate descriptive, diagnostic and evaluation information provided by the consumer, his/her family, and others who know the person/family on a personal or professional level. The purpose of a needs assessment is to determine the needs, desires and goals of the person. Service Coordinators will also assess needs during crisis circumstances in the life of the person which will require unduplicated resolution.
3. **PLANNING** - Activities leading to a comprehensive plan that identifies the needs, desires and goals of the consumer/family, the services and supports

necessary to address them, and which are documented on the single plan form.

4. **PLAN IMPLEMENTATION** - Activities to identify, refer, link or access new services and supports or activities to maintain services and supports currently received which address the needs, desires and goals of the consumer as documented in a current single plan.
5. **ADVOCACY** – Activities that encourage a current or potential service provider to address the needs, goals, and desires of the person.
6. **CONSULTATION/COLLABORATION** – Activities to confer about, to seek information about, or to discuss with the person regarding his/her needs/desires/goals and his/her services/supports with staff of community agencies and other professionals whether or not they are currently serving the person.
7. **MONITORING** – Activities to contact the person, family or guardian, or other agencies and professionals to assess individual needs, to determine progress towards goal achievement, to determine if service provision is in accordance with the plan, and to assure continued coordination and implementation of services identified on the plan.

Service Coordination Assistant

The activities of a Service Coordination Assistant are primarily administrative or clerical in nature, though from time to time his/her activities may be reportable. The core functions of a Service Coordination Assistant are determined by each employer and, therefore, will not be listed here. However, duties performed in support of service coordination may include, but are not limited to, the following.

1. General clerical duties such as filing, copying, faxing, typing, etc.
2. Identification of resources to meet individuals' needs.
3. Responding to requests for information and referral.
4. Accompanying service coordinators to interagency staffings, intra-agency staffings, IEP meetings and others meetings when circumstances warrant it.
5. Intake for DDSN eligibility determination.
6. Gathering records and submitting level of care requests including tracking of due dates.
7. Identification and recruitment of caregivers.
8. Monitoring waiver budgets and expenditures.
9. Monitoring service delivery.

Activities Performed Only By Service Coordinators

1. Signing or co-signing all service notes and plans of service for those on active service coordination.
2. Reporting activity on the Service Provision Log (SPL).
3. Developing waiver budgets and revisions.
4. Signing local levels of care.
5. Attending interagency staffings and meetings though a service coordination assistant may accompany, if warranted.
6. Attending court ordered hearings or other legal proceedings though a service coordination assistant may accompany, if warranted.

VII. HOME SUPPORTS

Program Description

Home Supports are provided to DDSN-eligible consumers based on their assessed needs as determined by their Service Coordinator or Early Interventionist. Home Supports provided by qualified caregivers are available in a consumer's home or other community settings approved by The Agency. Specific services that can be provided as Home Supports are:

Respite Care (all disabilities)

Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing care. Respite services are provided in a variety of settings and may be provided on an hourly or daily basis.

Companion Services (Mental Retardation, Related Disability, Autism)

Non-medical care, supervision and socialization, provided to adults aged 21 or older. Companions may assist or supervise the individual with such tasks as meal preparation, laundry and shopping, but do not perform these activities as discrete services. The provision of companion services does not entail hands-on nursing care. Providers may also perform light housekeeping tasks incidental to the care and supervision of the individual. This service is provided in accordance with a therapeutic goal.

Personal Care I (Mental Retardation, Related Disability, Autism)

The provision of Instrumental Activities of Daily Living such as assistance with shopping for food, preparing meals, post meal clean up, housekeeping including sweeping, laundry and bed making, and transportation or escort services.

Individual Rehabilitation Supports (HASCI)

Individual Rehabilitation Supports are interventions and assistance to improve a condition or to promote/retain an optimal level of functioning in a person with a disability. Provided under the supervision of a person qualified as a Lead Clinical Staff, the scope of Rehabilitation Supports is sufficient to develop enhanced capacity for successful community living (e.g. greater independence, self-direction, participation in community activities) and thus reduce the degree of impairment and/or dependency.

Individual Rehabilitation Supports are provided to eligible SCDDSN consumers in their own home and other natural community settings. This option is provided on an individually determined schedule and promotes interactions with people who do not have disabilities.

Individual goals and objectives are developed based on assessed and prioritized needs in the areas of:

- Personal care;
- Cognitive/independent living skills;

- Medication management and symptom reduction;
- Health and nutrition;
- Self-esteem;
- Coping skills;
- Personal responsibility and self-direction;
- Social skills and positive interactions with others;
- Community living and peer relationships

A Treatment Plan includes these goals and objectives and is developed by the consumer with the Lead Clinical Staff and others as appropriate. The Lead Clinical Staff is responsible for evaluating and assessing the consumer and supervising the staff person(s) who actually render the services.

In-Home Supports*

**pending approval by CMS*

Care, supervision, teaching and/or assistance provided directly to or in support of the participant and provided in the participant's home, family home, and/or the home of others. Community activities that originate from the home will be provided and billed as In-Home Supports. These services are necessary to enable the person to live in the community by enhancing, maintaining, improving or decelerating the rate of regression of skills necessary to continue to live in the community.

Transportation will be provided between the home and community activities locations as a component part of this service. The cost of this transportation is included in the rate paid to providers of this service.

**LOCAL DISABILITIES AND SPECIAL NEEDS
BOARDS AND SERVICE ORGANIZATIONS**